



TRANSFER VEHICLE APPLICATION

Return Application to:

Office of Commercial Ambulance Licensing and Regulation
653 West Pratt Street, Room 313
Baltimore, Maryland 21201
SOCALR@miemss.org
Phone 410-706-8511

For Office Use Only

Old Control # _____

New Control # _____

A. Service Information

Commercial Ambulance Service Name as it appears on the Commercial Ambulance Service License

Street Address _____ City _____ State _____ Zip _____

Contact person _____ Office Phone Number _____ FAX Number _____

Vehicle License Level:

B. Vehicle Information

Vehicle **TO** which license is being transferred

New Unit _____ VIN _____ Tag# _____

State _____ Mfg Year _____

Vehicle **FROM** which license is being transferred

Old Unit _____ VIN _____ Tag# _____

State _____ Mfg Year _____

E. Required Attachment and fees. Check each box to ensure item is attached and complete.

1. _____ Copy of current vehicle registration from MVA
2. _____ Copy of MVA Emergency Vehicle Approval (MVA form VR-26) listing this vehicle by VIN number (form VR-26) can be handled directly by going in person to Glen Burnie MVA, counter 104)
3. _____ Copy of inspection certificate and report or a certificate of origin if vehicle is less than 1 year old
4. _____ Certificate of insurance that shows the following:
 - a. Insured's name
 - b. Policy effective and expiration dates
 - c. Identifies this vehicle by VIN number as covered under policy
 - d. Lists MIEMSS/SOCALR as the certificate holder, care of the above address
5. _____ Vehicle Transfer Fee is **\$50.00**.
6. _____ Payment made.

PLEASE DO NOT SEND INCOMPLETE APPLICATIONS

Under the penalties of perjury, I certify that the information contained in the most recent initial or renewal application for this service remains true and correct to the best of my knowledge.

Applicant Signature

Printed Name & Official Title

Date